Targeted Treatment

How simple clinical practices can improve outcomes, shorten the length of care, and boost client satisfaction

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1

AGENDA

- About CVN
- Military-Family Stressors
- The CVN Model
- Simple Clinical Practices You Can Adopt

2

WHAT IS CVN?

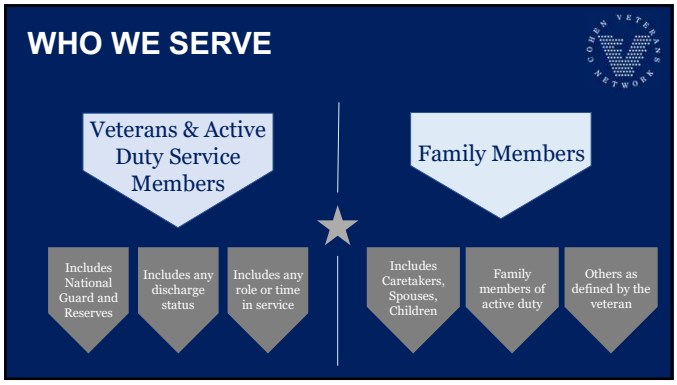
ACCESSIBLE

HIGH QUALITY

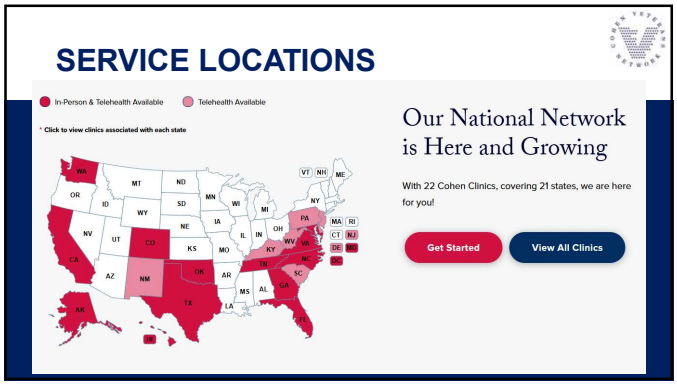
Cohen Veterans Network's mission is to improve the quality of life for post-9/11 veterans, service members, and military families by providing high-quality, accessible, and integrated mental health care.

Through a network of outpatient mental health clinics, trained clinicians deliver **holistic evidence-based care** to treat mental health conditions, while working to destigmatize mental health treatment.

3


WHO WE SERVE
Veterans & Active Duty Service Members
Family Members
Includes National Guard and Reserves
Includes any discharge status
Includes any role or time in service
Includes Caretakers, Spouses, Children
Family members of active duty
Others as defined by the veteran

4


SERVICE LOCATIONS
In-Person & Telehealth Available
Telehealth Available
* Click to view clinics associated with each state
Our National Network is Here and Growing
With 22 Cohen Clinics, covering 21 states, we are here for you!
Get Started
View All Clinics

5


TRAINING RESOURCES
Improve Your Clinical Practice
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6

MENTAL HEALTH & MILITARY FAMILIES

Military families face unique stressors caused by:

- Activations, deployments, PCS-ing
- Employment insecurity for military spouses
- Shifting childcare and child education plans
- Specialty medical care needs

Difficult challenges call for fortified clinical tools.

7

THE CVN MODEL OF CARE

8

PERSON-CENTERED CARE

...focuses on ***capacity*** and builds upon each person's ***strengths***, ***abilities***, and ***dreams*** to aid in the recovery and treatment process.

- Celebrating the uniqueness of the individual (values, preferences, talents, and abilities)
- Listening to and responding appropriately to the person's expressed needs, desires, and goals
- Understanding how the person's routines impact their daily life and their movement in desired directions
- Considering what the person identifies as most important to them and helping them prioritize their goals or needs
- Respecting the individual's needs as distinct from the needs of others
- Emphasizing the person's right to control and choice, while assessing for and attending to health and safety concerns
- Emphasizing the perspective of the person rather than your own

9

TARGETED TREATMENT

*…treatment **tailored** to an individual's unique needs, focusing on addressing **the most pressing symptoms or concerns** related to their particular mental health condition.*

Personalized planning	Starts with a thorough assessment to identify the specific challenges and needs of each client, allowing for a customized treatment plan.
Focus on specific issues	Such as anxiety, depression, or trauma-related issues, rather than trying to address all aspects of a person's mental health at once.
Active client engagement	Crucial in targeted treatment, as they are a partner in setting goals and making informed decisions about their care.

Includes individual/couples/family treatment, group therapy, group psychoeducation, and case management.

10

TARGETED TREATMENT MODEL

Targeted treatment is:

- Focused
- Effective
- Recovery oriented

It helps us achieve our mission by increasing:

- Timely care
- Efficient care
- Equitable care

11

CVN-IQ INSIGHT: *Weekly Treatment*

> Analysis of client outcomes by the median number of days between therapy sessions reveals that weekly sessions are associated with better results. Clients whose sessions occurred every 6–8 days had the highest rates of positive outcomes (73.2%) and full goal achievement (52.8%). Similarly, among clients with PTSD, this same interval yielded the most favorable results, with 69.7% reporting positive outcomes and 47.6% fully achieving their goals. In contrast, clients with less frequent sessions, particularly those occurring more than 17 days apart, consistently showed lower rates of improvement. **These findings suggest that maintaining a near-weekly therapy schedule may optimize treatment outcomes.**

12

BI

EVIDENCE-BASED PRACTICES

...the integration of the ***best available research*** with ***clinical expertise*** in the ***context of patient characteristics, culture, and preferences***

- Improved client outcomes
- Efficiency of treatment
- Ethical practice
- Reducing harm
- Mitigating bias
- Empowering clients

http://www.apa.org/practice/resources/evidence/

13

CVN-IQ Insight: *EBPs for PTSD*

When looking at 2,717 adult client records who were treated for PTSD, PCL-5 scores indicate that EBP was more effective for positive client outcomes than other treatment options utilized.

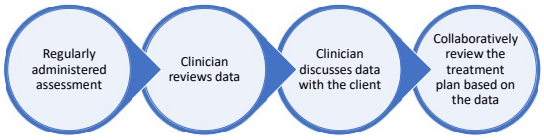
Treatment	≥ 4 sessions			≥ 8 sessions		
	ΔM	*n*	*d*	*ΔM*	*n*	*d*
All participants						
PE	17.4	145	0.87	19.3	80	0.95
CPT	19.3	623	0.98	24.3	370	1.23
EMDR	16.6	332	0.86	18.0	151	0.96
Other	12.6	1,014	0.71	13.5	738	0.77

14

MEASUREMENT-BASED CARE

*"…the **systematic** administration of symptom rating scales and uses the results to drive clinical decision making at the level of the individual patient"*

(Fortney et al., 2017)



15

Slide 13

TB1 Similar suggestion for a discussion to a previous slide, so may be redundant. Before pulling up house/list, “What are the benefits of using evidence-based practices in treatment?”
Tanisha Barker, 2025-01-31T18:28:59.096

BENEFITS OF MBC

Client	Clinician	Organization
• Helps clients better understand their symptoms • Allows clients to more easily quantify and communicate their experience • Encourages active involvement in treatment process	• Alert us to lack of progress • Direct us to recognize important treatment targets • Observe factors associated with change • Inform treatment decisions • Facilitate care coordination or collaboration	• Aggregate data can yield practice-based evidence, data for accreditation or insurance bodies, and objective measures of quality improvement efforts. • Can facilitate a population health approach

(Lewis et al., 2019)

16

HOW DOES MBC WORK?

01

ASSESS: Clinically appropriate, evidence-based measures* administered during screening, BPSA, and at **regular intervals** throughout treatment.

02

SHARE: With the information collected from standardized measures, clinicians and patients **review together.**

03

USE: Clinicians and clients **work collaboratively** to make informed decisions about client care, including tailoring treatment to address patients' specific needs.

*may additionally include idiographic/individualized measures where appropriate

17

MEASUREMENT MATTERS

*In the absence of MBC, clinicians struggle to identify clients who at higher risk for **dropout, non-response, or deterioration**.*
(Constantino et al., 2019)

Clinical Skill	Client Outcomes
• 25% of mental health professionals viewed their skill to be at the ***90th percentile*** when compared to their peers, and none viewed themselves as below average.	• Clinicians tend to overestimate their rates of client improvement and underestimate their rates of client deterioration.

Walfish S, McAlister B, O'Donnell P, Lambert MJ. (2012). An investigation of self-assessment bias in mental health providers. Psychol Rep., 110(2):639-44.

18

Slide 17

VH1 Assess Section: Screening and intake mean the same thing in Cohen Clinics -- by intake, do we mean BPSA here?
Venee Hummel, 2025-09-12T19:09:24.459

IMPROVED OUTCOMES

Over 15 RCTs demonstrate improved outcomes of MBC compared to UC:

- Greater improvement in specific symptom and general outcome rating scores pre to post treatment
- Greater % of clients demonstrating clinically significant and reliable change
- Faster initial response to treatment and faster overall rate of improvement
- Fewer clients demonstrating no change or deterioration at 6-week mark

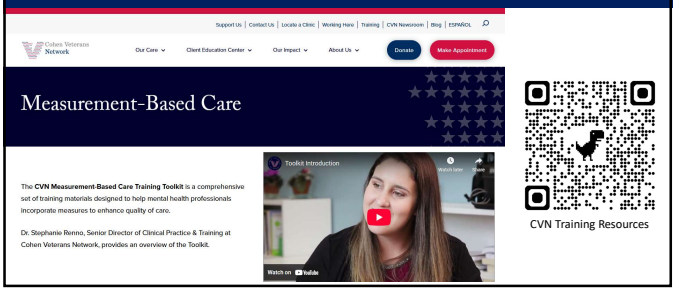
Findings are robust and have been demonstrated across multiple settings, diagnosis, age, and provider type (Lewis et al., 2019; Formoy, 2019).

MBC allows for real-time quality improvement

- It is not enough to use measures as a pre- and post-tool.
- MBC allows clinicians to continuously adjust treatment.
- The goal is to augment clinical judgement, not replace it.

19

MBC TOOLKIT



CVN Training Resources

20

PUTTING IT ALL TOGETHER

21

TREATMENT PLANNING: *a targeted intervention tool*

- Direct reflection of clinical care
- Communication between stakeholders
- Link between assessment, care planning, care delivery, discharge
- Evolving, ongoing process

22

COMPONENTS OF A TREATMENT PLAN

Health Concern	• Synonymous with a problem or diagnosis
Goal	• Express clients goal statement from their own perspective and in their own words (Use quotations).
Objectives	• Well informed treatment goals must be important to the client, concrete, behavioral, specific and memorable. • Identify measures that will be useful in monitoring progress
Activity/ Intervention	• Choice of interventions, efforts, methods and means with specific inclusion of EBP, program enrollment and other clinic-based services (case management, psychiatry, life skills groups)

23

PLANNING FOR DISCHARGE FROM THE BEGINNING

- *How will your life be different or change when _____ is no longer a part of your life?*
- *How will you know when your presenting issues or concerns are no longer problems for you?*
- *How will you & I know when the time is right for us to discontinue our work together?*
- *How will you know that things are working well enough for you that you no longer need my support?*
- *How do you know when things have reached a point you consider "good enough"?*

24

Slide 24

AJ1 Tie to military
Jensen, Ashley, 2025-10-07T21:19:40.654

TIPS FOR TARGETING

- ❑ Set expectations early on in treatment process
- ❑ Behaviorally frame to clarify goals
  - *If you started to feel better, how would life change? What would you then start doing more of/less of?*
- ❑ Start each session with collaborative agenda
- ❑ Maintain focus on client's top concern – if client bring new concern, work to connect it back to top target
- ❑ Measure your progress every session, change course if needed.
- ❑ Validate concerns related to targeted focus while emphasizing power of change in even one area
  - *Draw on metaphors – planting a seed, ripple effects on water*

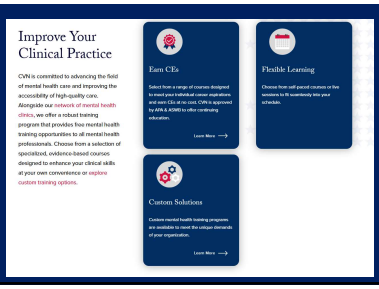
25

DRIVING TOWARDS LASTING CHANGE

- Person Centered Care
- Targeted Treatment
- Evidence Based Practice
- Measurement Based Care
- Intentional Treatment Planning

26

TRAINING RESOURCES



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27

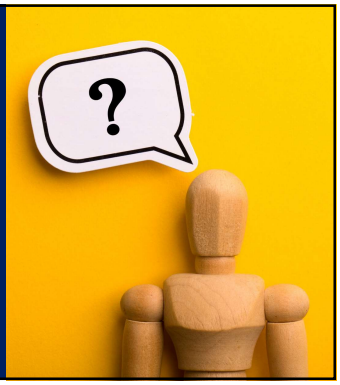
Slide 25

TB1 Not sure if it's possible, but something that may make this more interesting is to tie it to a real or made up client you had and provide examples of how you did each of some of these in their EOC.
Tanisha Barker, 2025-01-31T18:42:42.980

TB1 0 But that may be too in depth, especially for the non-clinical folks
Tanisha Barker, 2025-01-31T18:42:58.315

LC2 When we talk about setting expectations early, I think we can even take it back to intake/ reception roles.
Lawless, Claire, 2025-02-03T18:35:05.672

Questions?



28